

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW, Suite 48

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

M. Stephanie Patrick

Signature of Treasurer

Electronically Filed by M. Stephanie Patrick

Date

12

06

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 9 | 2 | 0 | 0 | 6 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 7 | 2 | 0 | 0 | 6 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2006</span>   |                         | 71088.21                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 36210.29                |                                   |
| (c) Total Receipts (from Line 19) .....  | 34276.00                | 204159.44                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 70486.29                | 275247.65                         |
| 7. Total Disbursements (from Line 31) .....  | 21226.62                | 225987.98                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 49259.67                | 49259.67                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 9 | 2 | 0 | 0 | 6 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 7 | 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 3865.00                       | 21438.00                          |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 30411.00                      | 182721.44                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡   | 34276.00                      | 204159.44                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡  | 34276.00                      | 204159.44                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 34276.00                      | 204159.44                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 34276.00                      | 204159.44                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      | 0.00                          | 0.00                              |
| (i) Federal Share.....  |                               |                                   |
| (ii) Non-Federal Share.....   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   | 16226.62                      | 135592.98                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡                         | 16226.62                      | 135592.98                         |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 5000.00                       | 90375.00                          |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 20.00                             |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 20.00                             |
| 29. Other Disbursements.....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                               |                                   |
| (i) Federal Share .....   | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 21226.62                      | 225987.98                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 21226.62                      | 225987.98                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 34276.00                      | 204159.44                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 20.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 34276.00                      | 204139.44                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 16226.62                      | 135592.98                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 16226.62                      | 135592.98                         |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan C Ayres

Mailing Address 845 Club Chase Ct

City State Zip Code  
 Roswell GA 30076-4482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morrison

Occupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81648

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Susan C Ayres

Mailing Address 845 Club Chase Ct

City State Zip Code  
 Roswell GA 30076-4482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morrison

Occupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 112720062C82123

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Katherine L Bernard

Mailing Address 90 Panamoka Trl

City State Zip Code  
 Ridge NY 11961-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 112720062C82342

Amount of Each Receipt this Period

-10.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Debra A Boutin  
Mailing Address 4503 Milwaukee Ave

City State Zip Code  
Carnation WA 98014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAFTYR UNIVERSITY

Occupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 112720062C81793

Amount of Each Receipt this Period

100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patricia A Browning  
Mailing Address 1541 E 4600 S

City State Zip Code  
Ogden UT 84403-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYED

Occupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 112720062C82073

Amount of Each Receipt this Period

300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ann M Coulston  
Mailing Address 225 N New Jersey #68

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eli Lilly and Company

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81730

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Julie Rye Dostal

Mailing Address 10338 N 1750 East Road

City State Zip Code  
 Bloomington IL 61704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARLE CLINIC

Occupation  
DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81612

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Joyce A Gilbert

Mailing Address 4426 Robin Hood Trl W

City State Zip Code  
 Sarasota FL 34232-2637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JA GILBERT ASSOCIATES

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81709

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Ellyn C Luros-Elson

Mailing Address President Computriton Inc  
 19808 Nordhoff PI

City State Zip Code  
 Chatsworth CA 91311-6607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Computriton

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81728

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kathleen C Niedert  
Mailing Address B 843, 110 Ardis St

City State Zip Code  
Hudson IA 50643-0843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Director, Clinical Nutrition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81716

Amount of Each Receipt this Period

250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stephanie M Norris  
Mailing Address 1322 Ensenada Dr

City State Zip Code  
Orlando FL 32825-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 112720062C81964

Amount of Each Receipt this Period

100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Paula H Tsufis  
Mailing Address 2328 E 3rd St

City State Zip Code  
Duluth MN 55812-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

Transaction ID: 112720062C82319

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Suzy K Weems

Mailing Address 1109 Castle Bluff Circle

City State Zip Code  
Waco, TX 76712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C81731

Amount of Each Receipt this Period

425.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

3865.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Aristotle International,

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
SOFTWARE EXPENSES;GR MANAGER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E1584

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1500.00

SOFTWARE EXPENSES;GR MANA-  
GER

Full Name (Last, First, Middle Initial)

**B.** Aristotle International,

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
SOFTWARE EXPENSE;PAC MANAGER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1590

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2700.00

SOFTWARE EXPENSE;PAC MANA-  
GER

Full Name (Last, First, Middle Initial)

**C.** Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille  
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement  
CONTRACTED TELEMARKETING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61026.E1589

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

11424.62

CONTRACTED TELEMARKETING  
SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

15624.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** U.S. Postal Service

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement

PAC MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1592

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

297.00

PAC MAILING

Full Name (Last, First, Middle Initial)

**B.** Mr Ronald Smith

Mailing Address 1120 Connecticut Ave NW  
#480

City Washington State DC Zip Code 20036-3902

Purpose of Disbursement

REIMBURSEMENT FOR FORTUNE COOKIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61024.E1585

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

275.00

REIMBURSEMENT FOR FORTUNE COOKIES

Full Name (Last, First, Middle Initial)

**C.** Mr Ronald Smith

Mailing Address 1120 Connecticut Ave NW  
#480

City Washington State DC Zip Code 20036-3902

Purpose of Disbursement

REIMBURSEMENT FOR TRAVEL EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1596

Date of Disbursement

11 / 16 / 2006

Amount of Each Disbursement this Period

20.00

REIMBURSEMENT FOR TRAVEL EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

592.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr Ronald Smith

Mailing Address 1120 Connecticut Ave NW  
#480

City Washington State DC Zip Code 20036-3902

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 112720063E1595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

REIMBURSEMENT FOR TRAVEL  
EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

**10.00**

**TOTAL** This Period (last page this line number only) .....

**16226.62**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Congressman Sherrod Brown

Mailing Address FRIENDS OF SHERROD BROWN  
607 14th Street NW Suite 800

City Washington State DC Zip Code 20005-

Purpose of Disbursement  
SHERROD BROWN {OH-13-D} -2006 DEBT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1597

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

SHERROD BROWN {OH-13-D} -  
2006 DEBT

Full Name (Last, First, Middle Initial)

**B.** Senator Richard M. Burr

Mailing Address PO Box 5928  
PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement  
RICHARD BURR {NC-R}

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1593

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

RICHARD BURR {NC-R}

Full Name (Last, First, Middle Initial)

**C.** Senator Tom Harkin

Mailing Address CITIZENS FOR HARKIN  
P O Box 811

City Des Moines State IA Zip Code 50304-

Purpose of Disbursement  
TOM HARKIN U.S. SENATE IA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1600

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

TOM HARKIN U.S. SENATE IA

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Committee For A Democratic Majority

Mailing Address 301 4th Street N.E.  
Suite 202

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
SEN. KENNEDYS PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 112720063E1601

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SEN. KENNEDYS PAC

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

**Image# 26930581505**

Form/Schedule: **F3XN**      Telemarketing services for solicitations to ADA members for contributions to PAC.

Transaction ID: **C00143560**

\*\*\*\*\*